REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

I hereby certify t Trademark Offic 37 CFR § 1.8.	hat this correspondence is being electronically filed we on August 7, 2007 at or before 11:59 p.m. Pa Mara I. Rodriguez	with the United States Patent and scific Time under the Rules of
Application Number Filing Date Inventor(s) Title	 : 10/660,452 : September 11, 2003 : Lutz Biedermann, et al. : INVERTEBRAL DISK PROSTHESIS 	Confirmation No. 4918
Group Art Unit Examiner Name Docket No.	3738David H. Willse58779/B884	Date: August 7, 2007
identified application	t an application of the kind specified in 37	
1. THE STATUS OF aX Pend (1)X A a	THE APPLICATION IS AS FOLLOWS: ing (no review proceedings active) in Action was mailed by the Office on February peal under 37 CFR § 1.191 has been filed a response under 37 CFR § 1.116 was may a Express Mail with certificate of mailing under that Action was a Final Rejection, the withdrawn by this Request an appeal or civil action under 35 U. terminated llowed: the Notice of Allowance was mail the Issue Fee has not been paid	ebruary 8, 2007, as to which no and ailed on er 37 CFR § 1.8 he finality of which is to be S.C. 141,145 or 146 has been
-	the Issue Fee has been paid and a petit	ion under 37 CFR § 1.313 was

granted on

Pending (with review proceeding active)

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Application No. 10/660,452

2.

An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the application.

SU	BMISSI	ON(S) REQUIRED (check at least one)
		sly submitted
		Consider the amendments/reply under 37 CFR § 1.116 previously filed on Consider the arguments in the Appeal or Reply Brief previously filed on Other:
b.	Enclosed	1
	X	Amendment/Reply
		Affidavit(s)/Declaration(s)
		Information Disclosure Statement
		Documents under 37 CFR § 1.48
	<u>X</u>	Petition for Extension of Time
		Other:

The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please direct all correspondence to CUSTOMER NUMBER 23363. Direct telephone calls to 626/795-9900, CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

Saeid Mirsaffan

Reg. No. 52,035 626/795-9900

SM/mr

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 10/660,452

PART I — BASIC FEE			
BASIC FEE	Small Entity \$395.00	Large Entity \$790.00	\$790.00

PART II —	ADDITIONAL	CLAIMS (compared to	application b	efore RCE)	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims	23	*27	0	x \$25.00	x \$50.00	······
Independent Claims	3	**3	0	x \$100.00	x \$200.00	
First Presentation of Multiple Dependent Claim \$180.00 \$360.00						
TOTAL CLA	IMS FEE	···········		I		
Light Indonesia Claims 1 7 21						

List Independent Claims: 1, 7, 21

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)
 RCE fee of \$790.00 to be charged to Deposit Account No. 03-1728.
 - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

TEMP1N IRV1108123.1-*-08/7/07 12:55 PM

^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

^{**} IF THE HIGHEST NUMBER PREVIOUSLY PAID OR IS 3 OR LESS, WRITE "3" IN THIS SPACE.